

O'NEILL (J. W.)

al

On the Use of Gauze in Place of Tongue
Forceps During the Administration of
Anesthetics, and a New
Mouth Gag.

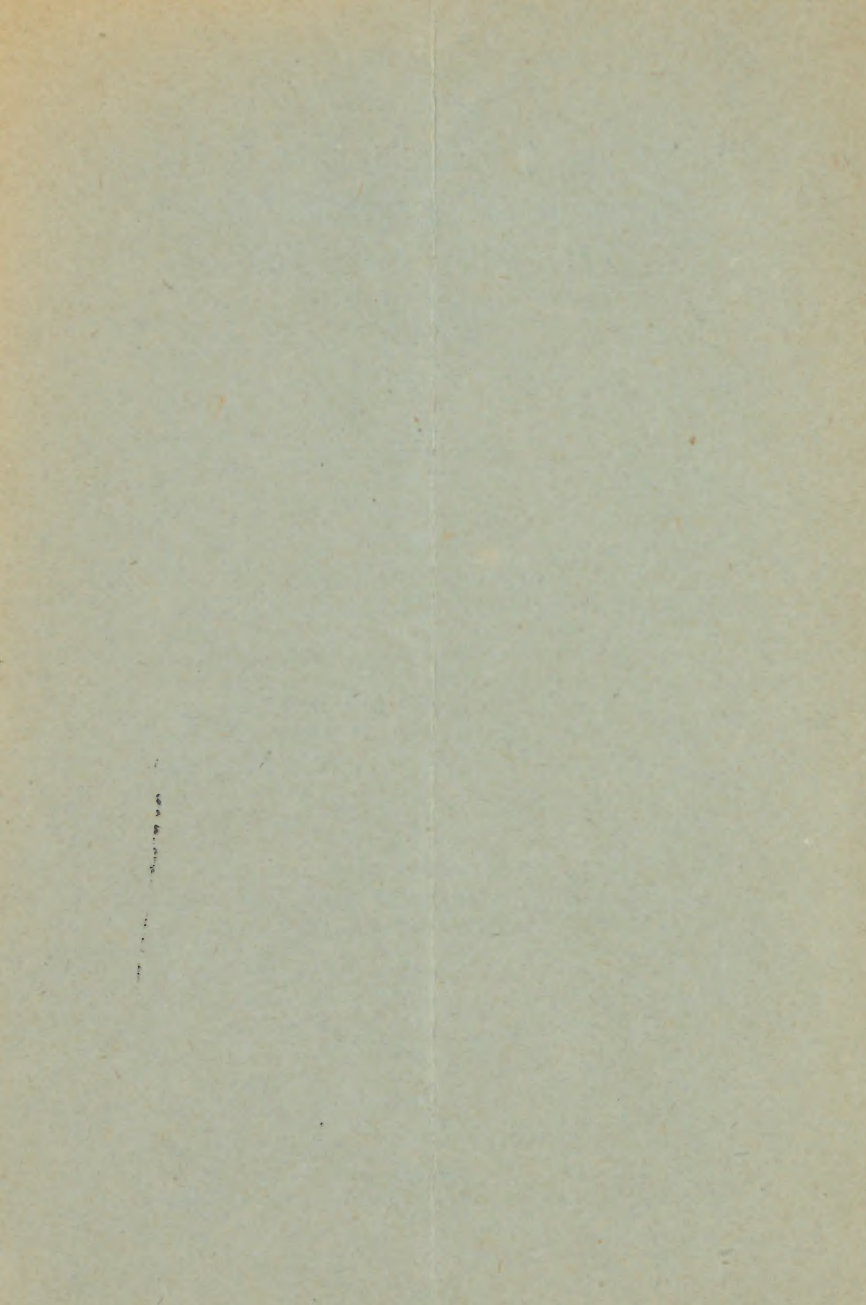
JOHN W. O'NEILL, M.D.

HOUSE PHYSICIAN ST. JOSEPH'S HOSPITAL, CHICAGO, ILL.

REPRINTED FROM
THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,
FEBRUARY 10, 1894.

529
11

CHICAGO:
PRINTED AT THE OFFICE OF THE JOURNAL OF THE ASSOCIATION.
1894.





ON THE USE OF GAUZE IN PLACE OF
TONGUE FORCEPS DURING THE
ADMINISTRATION OF
ANESTHETICS,
AND A NEW MOUTH GAG.

JOHN W. O'NEILL, M.D.

On the subject of cancer of the tongue many writers affirm that one of the predisposing causes is traumatism. This being true, the biting of the tongue during an epileptic fit, eclampsia, etc., or the use of force in making traction on the tongue, is not without danger; a danger none the less terrible, even though the consequence lies in the future. Much of this injury, that can readily be avoided, occurs during the administration of an anesthetic when it becomes necessary, as is often the case, to pull the tongue forward. The customary practice being to seize that organ with a tongue or artery forceps, locking the handles to prevent slipping, but subjecting the portion of the tongue between the jaws of the forceps to injurious pressure. This, aside from the question of cancer, may be considered as being somewhat barbarous.

As a prophylactic measure against this possible cause of cancer of the tongue, especially for patients during artificial anesthesia, the writer devised a mouth gag and a method of holding the tongue with a strip of dry gauze instead of with a tongue forceps. Both the gauze and the gag have been in use at St. Joseph's Hospital for some months, demonstrating that traction can be made on the tongue for an hour without injuring that organ in the least.

THE MOUTH GAG,

(Fig. 1), consists of a wedge made from soft rubber packing (or a metal wedge, covered each time it is used with a narrow ring cut from the end of a rubber tube). The wedge is thirty millimeters high, fifteen wide and, measuring from bottom of grooves, twenty millimeters thick. The ridges along the sides are three millimeters in height; they prevent lateral slipping. To the wedge is riveted a metal handle ten centimeters long, shaped like one blade of the O'Dwyer mouth gag, excepting that the lower part of the handle is hooked to fit the side of the anesthetizer's hand. It is used as follows: When the patient is partially under the influence of the anesthetic

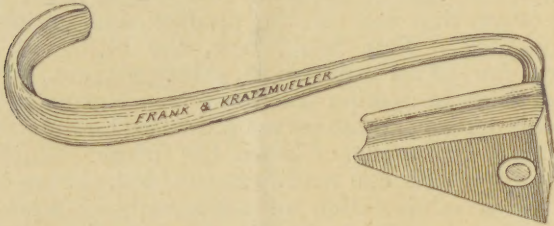


Figure 1.

place the gag in position, wedge between the jaws; the soft rubber preventing injury to teeth, gums or metal work, such as gold crowns, etc. The metal handle passing through the rubber prevents the wedge from being squeezed flat. The handle hangs perpendicularly at side of cheek, its weight holding it in position. But should the patient struggle, or it is desirable to still further open his jaws, the anesthetizer presses downward with the side of his hand which rests in the curve at the lower end of the handle.

Two things have now been accomplished. First—the teeth being held apart the jaws can not be locked, and the position of the tongue can at any time be examined, or it can be grasped and drawn forward. If

mucus collects in mouth it can be removed without delay. Second—a clear air way is assured, an advantage in case the natural air passage is not free, as in catarrhal conditions. Again, the air in passing through the open mouth checks, somewhat, the secretions which are so disagreeable, especially when ether is employed.

The anesthetizer should never be without an artery forceps fastened to his gown, preferably one with jaws four millimeters long, slightly curved, with teeth



Figure 2.

ground dull. Pèan's curved jaw artery forceps are good, but a pair with jaws opening parallel are best of all, the curve being a help when mopping mucus from the throat.

METHOD OF USING GAUZE TO HOLD THE TONGUE.

Should it become necessary to draw the tongue forward, remove the mask, take the forceps in right hand, and passing them into the mouth, curve downward; grasp the tongue at least one-half inch from

the point, and lift it up gently and without injury. When the tip protrudes from between the teeth, grasp it with a piece of dry gauze held in left hand. The forceps are then removed.

If traction is to be maintained for a short time only, it can be accomplished with the dry gauze held in the fingers; if for many minutes or for an hour or more, a piece of dry gauze, fifteen centimeters square, is folded from side to side until it is two centimeters wide. This is passed around the tongue with the right hand, pressing it down as far from the tip as possible. Then twist the ends together until the tongue is firmly grasped in the loop of gauze. Remove the left hand and snap the forceps on the strip around the tongue to prevent it from untwisting. (Fig. 2.)

One word of caution: If patient wishes to swallow or threatens to vomit, the tongue must be allowed to fall back.

The gauze is not practical in operations upon the tongue or during a "talking anesthesia."

For patients with puerperal convulsions a double mouth gag is made, by fastening a small rubber wedge on each end of a semicircular steel spring, the length of which can be regulated. The spring passes back of head, fitting the neck snugly and holding wedge between each angle of the jaws.

[NOTE.—Since writing the above I learn that Dr. Henrotin of this city had previously designed a mouth gag with a metal wedge.]

